

REMARKS

Claims 56-88 remain. Claims 56, 70, 72-73, 78, and 83 are amended. Claim 71 has been canceled. No new matter has been added. Applicant respectfully requests favorable reconsideration and allowance in light of the remarks contained herein.

Claim Rejections 35 U.S.C. § 103

Claims 56-88 are rejected under 35 U.S.C. § 103 as being unpatentable over by Zak et al. (U.S. Pat. 2002/0004729 hereinafter “Zak”) in view of Walker (U.S. Pat. 20020170565 A1 hereinafter “Walker”). To establish *prima facie* obviousness of a claimed invention, all the claim limitations must be shown by the prior art. *In re Royka*, 490 F.2d 981, 180 U.S.P.Q. 580 (C.C.P.A. 1974). Because the proposed combinations fail to teach multiple claim limitations as asserted by the Examiner, Applicant respectfully submits that the present rejections are improper.

Claim 56 recites “certain of said presentations having at least an HPI portion, and an ROS portion for a particular medical complaint.” Applicant agrees with Examiner that Zak fails to teach an ROS portion for a particular medical complaint. Examiner relies on Walker ¶ [0102], fig. 9a, as teaching this limitation. However, this portion of Walker discusses the creation of an ROS portion for a diagnosis database template (*see* ¶¶ [0097-0099]). In Walker, multiple templates are generated and stored on a database, each template being for a specific medical diagnosis. Walker populates these templates with patient examination data (which could include ROS data) and history data. This data, however, has already been obtained without use of the templates of Walker. *See* ¶ [0095]. Applicant notes that the screen presentations of claim 56 are part of a “system for capturing medical information.” This is as opposed to the cited teachings of Walker which are geared to creating templates for processing information that has already been captured. This difference alone is enough to distinguish the present claim over the art. However as is shown below, these differences create various functional anomalies that further make clear that (i) Walker does not teach the above-recited limitation; and (ii) the prior art references cannot be successfully combined.

The functionality of Walker outlined above shows that Walker does not teach the above recited limitation. The asserted ROS portion of Walker is not “for a particular medical complaint” as required by the claim; rather it is for a probable diagnosis. See ¶ [0100]. The asserted templates cannot be construed as being “for a particular medical complaint” because all of the patient data that would be taken in response to a medical complaint is already obtained when the physician is about to make a diagnosis using the templates of Walker. Applicant notes that a “diagnosis” is the end product of a physician’s work after analyzing a medical complaint and conducting an examination. As such, the “medical complaint” comes much earlier in the treatment process. Accordingly, the proposed combination fails to teach the above recited limitation of claim 1.

Further, one with skill in the art would not look to combine these references because the proposed combination would not function in the manner asserted by Examiner. The addition of the templates of Walker to the system of Zak would not merely add an ROS form to the system used by the emergency medical technician of Zak. It would necessarily function to add an entire diagnosis portion to the system. Such an addition would not be practical, nor would it likely be used by the types of users that are implementing the system taught in Zak (it is noted that the system discussed in Zak is directed toward EMT’s and responding EMS services, as opposed to the users of Walker which are comprised of medical staff at a hospital). As a result, one with skill in the art would not look to combine these references. It is further noted that the system resulting from the proposed combination (i.e. a diagnosis portion added to the system of Zak), clearly does not yield the claimed invention. Accordingly, Applicant respectfully submits that claim 56 is allowable over the cited art.

Claim 70 has been amended to recite “capturing physical exam information pertaining to said patient on a second screen presentation of said selected template, said second screen presentation being one of said plurality of template presentations having pre-identified selectable data elements pertaining to said chief medical complaint.” Examiner cites fig 3 ‘exam’, of Zak as teaching this claim. However it is noted Zak does not teach an exam form “having pre-identified selectable data elements pertaining to said chief medical complaint” as required by amended claim 70. Applicant notes that tailoring an examination form around a chief medical

complaint creates a considerable time-savings for a physician (which is extremely valuable in an emergency setting), and none of the cited references teach such an aspect. Therefore, Applicant respectfully requests withdrawal of the rejection.

Claim 78 recites “wherein positive selections of the pre-identified selectable data elements are configured to be indicated by encircling one or more textual labels of said data elements.” Applicant notes that both Zak and Walker teach using radio buttons that are set off to the side of data elements (*see, e.g.*, Figures 3-7 of Zak, and Figure 4 of Walker). This is similar to the deficient layout described in [0002] in the background section of the present application which becomes exceedingly difficult for a user to navigate when dealing with large numbers of entries. Accordingly, Neither Zak or Walker can be construed as teaching the above limitation.

Claim 86 recites “a plurality of said presentations having pre-identified selectable data elements pertaining to said chief medical complaint, and said system programmed to generate a textual prose representation correlating information corresponding to selections of said pre-identified data elements.” Applicant agrees with Examiner’s assessment that Zak does not contain sufficient teachings to reject this claim. Examiner relies on figures 19a-b of Walker as teaching “textual reporting.” *See* Office Action pg. 8. However, merely teaching textual reporting is insufficient to obviate the above-recited limitation. Paragraph 140 of Walker makes clear that the reports of Walker are pre-generated from diagnostic-specific templates. Walker does not teach generating a report by “correlating information corresponding to selections of pre-identified data elements.” Further, assuming for the sake of argument that Examiner could read the diagnostic specific, pre-populated templates as selections of pre-identified data elements, Applicant notes that these data elements clearly are not “pertaining to [a] chief medical complaint” because they are explicitly in reference to a potential diagnosis. Those of skill in the art would readily recognize that, a chief medical complaint and a diagnosis come at entirely different points of time during of patient care. Accordingly, such an interpretation would be improper. Thus, Applicant respectfully requests withdrawal of the present rejection.

Claims 57-69, 71-77, 79-85, 87-88 depend either directly or indirectly from independent claims 56, 78, and 86, and thus, inherit each and every limitation of their corresponding

independent claims. As a result, claims 57-69, 71-77, 79-85, 87-88 are allowable for at least the reasons set forth above. Further, dependent claims 57-69, 71-77, 79-85, 87-88 contain aspects that are patentable in their own right.

For example, claim 60 recites “wherein certain of said presentations comprise a portion having a pre-identified graphic of an anatomical area pertinent to said chief medical complaint.” Examiner relies on figures 3-4 of Zak as teaching this limitation. However, as explicitly taught by Zak, the “body GUI” that is displayed is selected by a user “by simply touching the display of a particular body part...[so] the EMT user can easily associate focal patient complaints and exam findings with a particular body region, and ‘zoom in’ to document finer levels of detail. . . .” Zak at ¶ [0076]. In other words, the user must identify and/or narrow down the area of the body GUI that is displayed. These requirements of claim 60 slow functionality, which in an emergency setting, is undesirable. The above-recited claim requires that the graphic be “pre-identified” and “pertinent to said chief medical complaint.” This is clearly not taught by Zak as the user must select and zoom to obtain the desired graphic. Accordingly, for at least these reasons, claim 60 is allowable.

Claim 63 recites “wherein said exam presentations contain listings of pre-presented clinical items representing possible clinical exam findings pertinent to said particular medical complaint.” Examiner points to ¶¶ [0040], [0054-0055], and [0079] of Zak as teaching this limitation. However, there is no teaching in Zak that the exam form contains any pre-presented clinical items “pertinent to said particular medical complaint.” While Zak does discuss a problem form series that has a history portion for selected problem, there is no teaching that a selected problem on the problem form functions to tailor the exam form (or any form other than the history of problem form in the problem form series shown in figure 5) with items “pertinent to said particular medical complaint.” Hence, the rejection of claim 63 should be withdrawn.

Claim 83 has been amended to recite “wherein negative selections of the pre-identified selectable data elements are configured to be indicated by striking through one or more textual labels of said data elements.” As noted above, both Zak and Walker teach using radio buttons that are set off to the side of data elements (*see, e.g.*, Figures 3-7 of Zak, and Figure 4 of

Walker). This is similar to the deficient layout described in [0002] in the background section of the present application which becomes exceedingly difficult for a user to navigate when dealing with large numbers of entries. A strikethrough on the data element is an effective intuitive format to indicate a negative finding, and it eliminates the clumsy and difficult layout that one is forced to navigate when faced with multiple radio buttons. Accordingly, Applicant respectfully submits that claim 83 is allowable.

Conclusion

In view of the above, Applicant believes the pending application is in condition for allowance, and therefore, respectfully requests favorable reconsideration.

Applicant believes no fee is due with this response. However, if a fee is due, please charge our Deposit Account No. 06-2380, under Order No. 68554/P001US/10801996 from which the undersigned is authorized to draw.

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Respectfully submitted,

By 

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